1:Gurdon E-4, 5 (no date) 1907 AR7 Khasi AR7

Mr. Jenkins, in his interesting little work on "Life and Work in Khasia," gives a slightly different account of the superstition, in that he states that it is the sick person who is possessed by *ka Tarah*. The above belief is perhaps a Synteng development of the Khasi *thlen* superstition. In the Jaintia Hills "the small-pox" is believed to be a goddess, and is reverenced accordingly. Syntengs regard it as an honour to have had small-pox, calling the marks left by the disease the "kiss of the goddess"; the more violent the attack and the deeper the marks, the more highly honoured is the person affected. Mr. Jenkins says, "When the goddess has entered a house, and smitten any person or persons with this disease, a trough of clean water is placed outside the door, in order that every one before entering may wash their feet therein, the house being considered sacred." Mr. Rita mentions cases of women washing their hair in water used by a small-pox patient, in order that they may contract the disease, and women have been known actually to bring their little children into the house of a small-pox patient, in order that they may become infected and thus receive the kiss of the goddess. It is possible that the Syntengs, who were for some time under Hindu influences, may in their ignorance have adopted this degraded form of worship of the Hindu goddess, "Sitala Devi," who is adored as a divine mother under different names by Hindus all over India: *cf.*, her name *mari-amman*, or mother of death, in the South of India, and the name Ai, mother, of the Assamese.

In the Khasi Hills the god of small-pox is known under the name of *u Sien ïiang thylliew*. He is not, however, appeased in any way, the people calling on two other spirits, *Thynrei* and *Sapa*, to whom a fowl or a goat is offered.

This section cannot be closed without some reference to the household gods of the Syntengs. The legend is that in ancient times there came a woman "from the end of heaven to the borders of the country of *u Trah*" (the country of the plains people at a distance from the foot of the Khasi and Jaintia Hills). The name of the woman was Ka Taben, and she was accompanied by her children. She offered herself to *u Dkhar*, the plains man, as a household goddess, but he rejected her. She then went to the Khasis, who were ploughing their fields,

15: Nakane E-5 (1955-1956) 1967 AR? Khasi AR?

Shella

Confederacy forms a more marked endogamous community, though being cut off geographically and economically from the rest of the Khasi, and socially from the neighbouring Hindu people.

The Economy and the People

Shella lies along the upper part of the Shella River and stretches upwards along the steep slope, looking down towards the Bengal plain. The climate of this part of the hills is considered to be one of the worst in tropical India for human habitation. The Bengal plain, though warmer than this area, is considered more healthy. This border land is the zone of malaria, typhoid, black fever, cholera, etc. None of the Bengalee peasants dare to live in such an area. However, it is the most fertile for products such as betel-nuts, pan-leaves, oranges, bananas and pineapples, and it also produces limestone. These people seem to prefer to settle in this zone and to enjoy its prosperity, at the expense of human lives every year, especially between March and September, the inhabitants suffer from various fevers and dysentry and other diseases, many of the weaker facing death.

Before the Partition of India and Pakistan, the products of Shella were carried down the Shella River to Sylhet, one of the biggest centres in East Bengal, which brought unimaginable wealth to the Shella people. Their houses were built by carpenters from Sylhet. The style and structure of these houses were exceptionally elaborate for the Khasi. They purchased vast rice fields in the plain, which used to be cultivated by Bengalee and Garo labourers engaged by them. These Khasi do not themselves know how to cultivate rice fields; they have always been managers or landowners. Their boys used to be sent to high schools and colleges in Sylhet. As a result of their trading with the Bengalee, many of them read and speak fluent Bengalee. There is no difference between their style of clothing and that of the Bengalee, though the women maintain their traditional dress in the Shella style.

They have thus been distinguished from the rest of the Khasi not only geographically, but also economically and culturally. Their personality also differs sharply from the rest of the Khasi. They are very sociable, and quick, a quality lacking among the Khasi of Sohkynniah and Kongton. They are clever enough to deal with strangers. The upland Khasi say Shella people are very cunning. This remark shows one side of these people. They had to be cunning, since they traded with the Sylhet Bengalee who were said to be the most cunning of their race. Their role in the trade and in the history of the modernization of the Hills was considerable. For centuries they represented intellectual Khasi owing to their contact with Hindu civilization, while the Hills remained in darkness. They assumed an important role when the British established an administration in the Hills, and even up to now, many leading Khasi originated from this area, for instance, Lati Hat, the first interpreter of the British Headquarters at Cherrapunjee; Jaobon Roy, who was the first Magistrate among the Khasi; Mahom Sing, a lawyer and Member of the Legislative Assembly (the grandson of Jaobon Roy); Nicholls Roy, Minister of Health and Prisons of the Assam Government, Member of the Legislative Assembly, and Missionary of the Church of God; R. R. Thomas (brother of Nicholls Roy), Principal of the Gauhati University, etc.

Through constant cultural contact with Hindu, and encouraged by their economic prosperity, the Shella Khasi, like the Jaintias, have been much influenced by Hindu culture. However, this does not mean that the people of Shella adopted the Hindu beliefs. Though there is a small Hindu shrine, and some ceremonial elements were borrowed from the Hindu, most of the

29: Assam G-5 (1958) 1963 AR7 Khasi AR7

Regarding supply of foodgrains through fair price shops, the position appeared to be unsatisfactory. Complaints were heard from some villagers coming from the interior villages that they very rarely get rice from fair price shops, which are usually allotted to bigger villages, sometimes too far from the villages tagged to it. Even the people of the villages where there were fair price shops, complained that the supply of rice to these shops was inadequate and the price also was very high which in some areas was even as high as Rs. 2/- 00 per maund.

In a majority of the villages investigated, water supply and medical facilities were not satisfactory. Malaria, dysentery and other bowel diseases are common in this area.

4.3 **Incidence of diseases and medical facilities:** 164 •

TABLE B-2

Incidence of diseases

Name of disease	No. of villages reporting incidence of disease		
	Border area	Project area	General area
(1)	(2)	(3)	(4)
(a) Malaria	6	8	8
(b) Dysentery	6	7	8
(c) Flu	7	7	6
(d) Kala-azar	1	0	0
(e) Leprosy	0	1	0
(f) Typhoid	1	0	0
(g) Pneumonia	1	0	0

N. B.—Number of villages surveyed—10 in border area, 8 in Project area and 10 in General area.

As the above table shows malaria and dysentery were of common occurrence. The scourge of malaria was, however, reported to be most severe in the border areas, the hill slopes of which provided suitable breeding ground for mosquitos. Next to malaria, dysentery and other bowel diseases have widespread prevalence in the district. The high incidence of these as well as various skin diseases are mainly accounted for by a lack of good water supply. Leprosy and kala-azar were reported only from one village each (Byrbah and Shella respectively).

TABLE B-3

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Distribution of the villages according to distances from nearest dispensary, hospital, veterinary dispensary and nearest private/licentiate medical practitioner

	Within the village	Within 2 miles	Within 5 miles	Within 10 miles	Within 20 miles	Above 20 miles
Dispensary ...	3	1	2	2	9	4
Hospital ...	0	0	0	1	3	24
Veterinary dispensary	0	0	0	2	5	24
Private/Licentiate Medical Practitioner	3	1	5	3	3	9

19: Assam G-5 (1958) 1963 AR7 Khasi AR7

CHAPTER—X

Summary of main findings

125 10.1. Twenty-eight villages were selected for the purpose of the survey. Out of the 28 villages selected, 10 from Border area and 8 from Project area were selected purposively while the remaining 10 were selected at random from the entire district which is referred hereafter as general area.

166 Migration from big villages was rare but some migration was reported in respect of small villages.

164 Occurrence of Malaria, influenza and dysentery is a regular phenomenon in the area. Medical facilities were not found satisfactory and as much as 78 per cent of the villages have no dispensary within a radius of five miles. In regard to education, the facilities cannot also be said to be unsatisfactory for more than 60 per cent of the villages have a Lower Primary School. Transport facilities were not satisfactory and as much as 66 per cent of the villages still depend upon primitive mode of transport, namely head load. Correlated with outmoded form of transport, is the prevalence of unduly high cost of transport.

162 161 10.2. The number of the families covered by the survey was 1006 in the Border area, and 647 in the Project area and 184 in the General area. The average size of a village in the respective area is 100·6, 80·9 and 18·4 families. In the Border and Project areas females out number males being respectively 1076 and 1092 females per 1,000 males as against 940 females per 1,000 males in the general area. 212 Literacy is as high as 34 per cent in the border area and 31 per cen [562] in the Project area but as low as 17 per cent in the general area In all the areas literacy among females is very low.

162 464 The working population (earners and earning dependents) is as high as 55 per cent in the Border area, 54 per cent in the Project area and 63 per cent in the general area. While there were no cases of unemployment in the Project and General areas, 53 persons were reported unemployed from border area.

241 162 463 10.3. 51 per cent of the families in Border area are wholly agricultural, 35 per cent partly agricultural and 14 per cent independent o agriculture. The corresponding figures for the Project area are 61, 31 and 8 per cent respectively while for the General area they are 70 per cent, 29 per cent, 1 per cent respectively.

Predominantly agricultural families constitute 67, 76 and 90 per cent of the families in Border, Project and General areas respectively.

162 423 10.4. 31 per cent of the families in Border area, 29 per cent in Project area and 10 per cent in General area were absolutely without any land while 35 per cent, 39 per cent and 24 per cent of the families in the respective areas possessed small holding ranging from 0·14 to 2·30 acres representing 11,24 and 26 per cent of the total holding area in the respective areas. 36 per cent of the families in Border and Project areas and 41 in General area possessed medium sized holding (3 to less than 10 acres)

20: Hunter G-4 (no date) 1897 AR7 Khasi AR7

132 in 1876, the highest maximum temperature was registered in the month of August, the lowest minimum in January. From November until the end of March the weather is dry and bracing. Hoar-frost lies upon the ground almost every morning in the months of December, January, and February. Shallow water occasionally freezes over, but snow never falls.

The rainfall at Cherrá Púnjí is enormous, varying between 300 and 500 inches per annum. The heaviest fall is in the months of June and July. As much as 30 inches has been collected in one day in July, and 157 inches has been registered as the total rainfall of that month. The average rainfall of the three years ending in 1876 is returned at 368·41 inches. It is affirmed that a total of 805 inches fell in 1861, of which 366 inches is assigned to the single month of July. This excessive rainfall can be readily accounted for by the abrupt manner in which the hills at Cherrá Púnjí rise from the plains on the south. The vapour-bearing breezes of the south-west monsoon, sweeping across the heated, flooded plains of Lower Bengal, suddenly strike against the hills. The vapour as it ascends gets condensed into fogs and mists, and finally, when it reaches the crest of the range, discharges itself in torrents of rain, unequalled by that recorded in any other part of the world.

At Shillong, which is only 30 miles north and a little higher than Cherrá Púnjí, the average rainfall is only about 85 inches; but between these two Stations three higher ranges intervene, which deprive the clouds in passage of a considerable portion of their moisture. During the three years ending in 1876, the average rainfall at Shillong was 83·65 inches.

The rainfall at Jowái, a subdivisional Station in the Jáintiá Hills, 26 miles distant from the plains, holds a mid place between that of Cherrá Púnjí and Shillong, and is estimated at 150 inches in the year. During the three years ending in 1876, the average rainfall at Jowái was 145·62 inches; but in the last of these years alone as much as 309·21 inches was registered, of which 134·34 inches fell in the month of June.

133 The District is liable to shocks of earthquake. In September 1875 considerable damage was done to the houses in Shillong by a shock which extended with great severity as far as Gauhátí; and several minor shocks were experienced in the year 1876-77.

• 164 132 DISEASES, ETC.—Generally speaking, the climate of Shillong is pleasant and congenial to Europeans. English children thrive

20: Hunter G-4 (no date) 1897 AR7 Khasi AR7

remarkably, and there are few indigenous diseases of any kind. Malarious fevers of local origin are unknown, and cholera never prevails in the Hills except when directly imported from the plains. Notwithstanding the excessive rainfall, the climate of Cherrá Púnjí also is pleasant and salubrious. The rainfall is confined in great part to the five months from May to the end of September. For the rest of the year the weather is mild and very equable, and in the winter months almost pleasanter than that of Shillong.

Small-pox is the chief scourge amongst the Khásiás. The faces of more than half the people are seamed by the marks of this disease. Strenuous efforts have recently been made to introduce vaccination, and with some success. Within the past three years nearly 5000 children have been vaccinated. The number of vaccinations in 1876 was 1309, as compared with 1628 in the preceding year.

Dysentery and bowel complaints generally prevail to a considerable extent; and, as at most other hill stations in India, the English residents at Shillong occasionally suffer from these diseases. Disorders of the liver are also not uncommon, usually affecting persons who have recently arrived from the plains, probably from unhealthy localities. When they have once passed through a short period of acclimatizing indisposition, most English residents at Shillong enjoy excellent health.

The *tardi* country lying along the foot of the Hills, especially on the northern side, is extremely malarious; and people passing through, especially pedestrians who travel without comforts and expose themselves to great fatigue, contract remittent fevers and agues of a severe type.

EPIDEMICS.—The following is a brief notice of some recent epidemics. Cholera made its appearance in the Hills in May 1869, travelling from the direction of Jáintiápur, on the borders of Sylhet. It only showed its presence by a few sporadic cases from time to time until the 11th July, when the disease broke out in an epidemic form among the police and in the jail. The police and the prisoners were at once moved into camp, and communication restricted as much as possible. These precautions probably had the effect of preventing the spread of the disease at Shillong. The epidemic lasted a week; it attacked twenty-four persons, of whom fifteen died. From Shillong the disease travelled southwards, the people deserting their villages as the plague broke out. In the

20: Hunter G-4 (no date) 1897 AR 7 Khasi AR 7

731 pre-eminently filthy villages on the Cherrá Púnjí plateau the epidemic appears to have found a fitting home, for it stayed among them for a period of nine weeks and a half. The civil surgeon reports the deaths at Cherrá Púnjí and the surrounding villages to have amounted to about 175 out of a total of 232 cases. During the year 1876-77 hooping-cough and small-pox were prevalent in an epidemic form. In the Jáintiá Hills small-pox is stated to have caused 47 deaths, chiefly during the months of June, July, and August. Some fatal cases of hooping-cough occurred among the Khási children in the village of Máokhar, near Shillong. The only two cases of cholera reported were in the Jáintiá Hills.

16 VITAL STATISTICS.—A general system of registration is not [659] attempted throughout the Khásí and Jáintiá Hills District. Statistics [648] of births and deaths are only collected among the inhabitants of the Stations of Shillong and Cherrá Púnjí, and in the selected area in the vicinity of Jowái, which comprises the following seven villages: —Jowái, Nongbah, Nartiang, Mynsau, Amwí, Ralliang, and Shámpúng. This selected area has a population of 12,504. Each village forms a distinctly-circumscribed community, in which the statistics are readily ascertained and reported by the *dolloi* or head-man. The returns may be regarded as extremely close to the truth, both for births and deaths; and they thus furnish an approximate statement of the health of the entire Hills. In 1874 the total number of deaths in the selected area was 351, showing a death rate of 28 per thousand; the number of births was 431, or 34·4 per thousand. The total population of all the places in which vital statistics are collected is 15,458 persons, among whom 428 deaths were recorded in 1874, showing a death-rate of 27·6 per thousand, as compared with 27·3 per thousand in the preceding year. The deaths were thus distributed—24 from cholera, 296 from fever, 38 from bowel complaints, 2 from snake-bite or wild beasts, and 68 from all other causes. The mortality from fevers was the highest recorded throughout the entire Province. On this the civil surgeon observes:—'There are few local sources of malaria in the Hills. Many of the deaths from fever were probably due to typhoid, induced by the use of impure water and by the filthy state in which the 312 people live. There is no attempt at conservancy in a Khásí village. 364 In Jowái, a good specimen of the class, the lanes and pathways are strewn with excrement and house refuse. Drinking water is got • 164 from wells in the heart of the village, fed by the drainage of the

20: Hunter G-4 (no date) 1897 AR 7 Khasi AR 7

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surface soil of the hills upon which the houses are built.' Cholera is attributed to importation from the plains.

SANITATION.—It has already been stated that the ordinary Khási villages are absolutely destitute of any conservancy arrangements. The sanitary condition, however, of the Station of Shillong is described as 'good.' The natural drainage is excellent. Drinking water is obtained chiefly from hill streams, and on the banks of these streams conservancy regulations are enforced. The water is conducted into the town by means of an artificial water-course. Public latrines have been erected at suitable places inside the town. The staff of sweepers and *beldárs* keeps the roads and drains clean, and the surface generally free from pollution. The sanitary condition of the cantonment is reported to be very good.

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CHARITABLE DISPENSARY.—There is one dispensary in the Khási and Jáintiá Hills—at the Station of Shillong. It was first opened in 1872, and considerable additions have since been made to the building. During 1874 a total sum of Rs. 775. 8, or £77, 11s., was expended on new constructions and repairs, towards which the European residents subscribed Rs. 329. There is now accommodation for 10 male and 3 female patients. In that year the total number of in-door patients treated was 44, of whom 9 died, giving a death-rate of 20·45 per cent. The number of out-door patients was 529, or an average daily attendance of 7·8. Of the grand total of patients of both classes, only 31 were females. The largest number of cases are classified under the headings of fevers and constipation and colic. The total income during the year was Rs. 1598. 13. 9, or £159, 17s. 8d., of which Government contributed Rs. 300 for salaries, and an additional Rs. 300 as a special allowance. The European subscriptions amounted to Rs. 869, as compared with Rs. 33 subscribed by natives. The total expenditure was Rs. 1187. 15. 6, or £118, 16s., leaving a balance in hand of Rs. 410. 14. 3. The chief items were Rs. 480 for salaries of medical subordinates, Rs. 160 for servants' wages, and Rs. 222 for dieting of sick. There were 53 minor operations performed during the year.

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The people of the District have no system of medicine of their own, and no native practitioners. Their sole remedies consist in divination and incantation. The only indigenous native drugs are chiretá and wormwood. As stated in a previous paragraph, a small cinchona plantation was established by Government at Nongklao in 1867.

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